

UNITED STATES BANKRUPTCY COURT  
EASTERN DISTRICT OF MICHIGAN  
**TRANSCRIPT ORDER FORM**

111 First Street  
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**Order Party: Name, Address and Telephone Number**

Name Ambac Assurance Corporation

Firm Arent Fox LLP

Address 1675 Broadway

City, State, Zip New York, NY 10019

Phone 212.484.3900

Email mark.angelov@arentfox.com

**Case/Debtor Name: City of Detroit, MI**

**Case Number: 13-53846**

**Chapter: 9**

**Hearing Judge: Hon. Steven Rhodes**

☒ Bankruptcy ☐ Adversary

☐ Appeal Appeal No: \_\_\_\_\_

**Hearing Information** (A separate form must be completed for **each** hearing date requested.)

**Date of Hearing:** 11/07/2014 **Time of Hearing:** 1:00pm **Title of Hearing:** Bench Decision

Please specify portion of hearing requested: ☒ Original/Unredacted ☐ Redacted ☐ Copy (2<sup>nd</sup> Party)

☐ Entire Hearing ☐ Ruling/Opinion of Judge ☐ Testimony of Witness ☐ Other

Special Instructions: please send to miranda.perkins@arentfox.com and mark.angelov@arentfox.com

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/s/ Mark Angelov Date: 11/7/2014

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